



REC 15-398

Knollwood Energy of MA LLC  
P.O. Box 30  
Chester, New Jersey 07930

September 17, 2015

NHPUC 21SEP15-46

Debra A. Howland  
Executive Director  
New Hampshire Public Utilities Commission  
21 South Fruit Street, Suite 10  
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Campbell system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

David Campbell  
49 Seasons Ln  
Londonderry, NH 03053  
davidcampbell812@gmail.com  
(978) 852-4566

The new Nepool GIS ID # for this facility is: NON 55429. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, Certificate of Completion and NH Owner Statements. An electronic version has been sent to [executive.director@puc.nh.gov](mailto:executive.director@puc.nh.gov).

Please do not hesitate to contact me if you have any questions regarding this application.

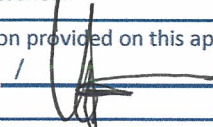
Thank you for your consideration,

Linda Modica  
New England REC Operations Manager  
**Knollwood Energy of MA LLC**  
973.879.7826  
[linda@knollwoodenergy.com](mailto:linda@knollwoodenergy.com)

Enclosures (3)



<b>New Hampshire Public Utilities Commission</b>		<b>This section for PUC use only:</b>			
		<b>REC#</b>			
<b>Draft Class I or II REC Eligibility Application For Solar Customer-Sited Sources 100 Kilowatts Or Less</b>					
1. Class I <input type="checkbox"/>	Class II <input checked="" type="checkbox"/>	<b>GIS Facility Code</b>	<b>NON 55429</b>	2. This facility is part of an aggregation.	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
		GIS contact info is provided below			
3. If yes to #2., the facility is part of the Knollwood Energy of MA, LLC aggregation.					
To qualify as a REC eligible facility, PUC 2505.02 (b) requires the source to provide the following information:					
<b>Contact Information</b>					
	<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Facility Owner</b>	David Campbell	49 Seasons Ln	Londonderry	NH	03053
<b>Phone 1</b>	978-852-4566	<b>Phone 2</b>		<b>Email</b>	davidcampbell812@gmail.com
<b>Facility Location</b>	(If facility is named)		(if different than owner address)		
<b>Mailing Address</b>	(if different than owner address and/or facility location)				
<b>Application filed by:</b>	(If different than facility owner)				
<b>Business Name</b>	Knollwood Energy of MA	PO Box 30	Chester	NJ	07930
<b>Contact</b>	Linda Modica				
<b>Phone 1</b>	(908) 879-7826	<b>Phone 2</b>		<b>Email</b>	linda@knollwoodenergy.com
<b>Facility Operator</b>	(complete only if a separate operator manages the facility)				
<b>Phone 1</b>		<b>Phone 2</b>		<b>Email</b>	
<b>Installer Company</b>	Granite State Solar	197 N Main Street	Boscawen	NH	03303
<b>Installer Contact</b>	Justin Thomas				
<b>Phone 1</b>	603-369-4318	<b>Phone 2</b>		<b>Email</b>	justin@granitestatesolar.com
<b>Electrician</b>	Shawn Marvel/Granite State Solar	197N Main Street	Boscawen	NH	03303
<b>Phone 1</b>		<b>License #</b>	13363M	<b>Email</b>	shawn@granitestatesolar.com
<b>Equipment Vendor</b>	(If not provided through the installer)				
<b>Phone 1</b>		<b>Phone 2</b>		<b>Email</b>	
<b>Independent Monitor (IM) Name</b>	Paul Button			To obtain a GIS Facility Code contact James Webb, Registry Administrator 408.517.2174, jwebb@apx.com	
<b>IM Company Name</b>	Energy Audits Unlimited				
<b>Equipment Information</b>					
	<b>Manufacturer</b>	<b>Quantity</b>	<b>Model # (if available)</b>	<b>Rated Output/unit</b>	<b>Total Rated Capacity</b>
<b>Panels</b>	SunEdison	20	F270	.270	5.4kw (DC)
<b>Inverter(s)</b>	Enphase	20	M215	.215	4.3 (AC)
<b>Meter</b>	Hialeah-S-02S-20023E	1	<b>Utility Project ID #</b> N 3604	<b>Initial date of operation</b>	(mm/dd/year) 8/13/15
To be completed by the owner. Aggregators may include the owner sign-off via email or letter. (PLEASE SEE ATTACHED.....)					
<input checked="" type="checkbox"/> I agree	The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate.				
The project described in this application will meet the metering requirements of Puc 2506 including:					
<input checked="" type="checkbox"/> I agree	Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the IM, or a designated representative.				
<input checked="" type="checkbox"/> I agree	A revenue quality meter is used to measure the electricity generated.				
<input checked="" type="checkbox"/> I agree	The facility owner has certified to the IM that the meter operates according to manufacturing standards.				
<input checked="" type="checkbox"/> I agree	The meter shall be maintained according to the manufacturer's recommendations.				

<input type="checkbox"/>	
I agree	
<input type="checkbox"/>	The project is installed and operating in conformance with applicable building codes.
included	
x	A copy of the facility's interconnection agreement is attached.
The Undersigned declares under penalty of perjury that the information provided on this application is accurate.	
 9/16/13	
Typed signature required	
Contact Barbara Bernstein at <a href="mailto:Barbara.bernstein@puc.nh.gov">Barbara.bernstein@puc.nh.gov</a> or 603-271-6011 with questions and comments.	



## New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

David Campbell

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Printed Name of signature owner

David Campbell  
David Campbell (Sep 12, 2015)

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Signature of system owner

Signature: Linda Lakritz  
Linda Lakritz (Sep 13, 2015)

Email: Linda@KnollwoodEnergy.com

RECEIVED

JUN 23 2015

EVERSOURCE  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA  
Simplified Process Interconnection Application and Service Agreement

SESD

Eversource Application Project ID#: N3604**Contact Information:**

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): David Campbell

Contact Person, if Company: \_\_\_\_\_

Mailing Address: 49 Seasons LnCity: LondonderryState: New HampshireZip Code: 03053Telephone (Daytime): (978) 852-4566

(Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-Mail Address: david.campbell@enel.com**Alternative Contact Information** (e.g., System installation contractor or coordinating company, if appropriate):Name: Granite State SolarMailing Address: 197 North Main StCity: BoscawenState: New HampshireZip Code: 03303Telephone (Daytime): (603) 369-4318

(Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-Mail Address: justin@granitestatesolar.com**Electrical Contractor Contact Information** (if appropriate):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_

(Evening): \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Facility Site Information:**Facility (Site) Address: 49 Seasons LnCity: LondonderryState: NHZip Code: 03053

Electric

Service Company: EversourceAccount Number: 56993817030Meter Number: S71120017

Account and Meter Number: Please consult an actual Eversource electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the Eversource Work Request number.

Eversource Work Request # \_\_\_\_\_

**Non-Default Service Customers Only:**

Competitive Electric

Energy Supply Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

EVERSOURCE  
INTERCONNECTION STANDARDS FOR INVERTERS  
SIZED UP TO 100 KVA  
Simplified Process Interconnection Application and Service Agreement

**Facility Machine Information:**

Generator/ Inverter Manufacturer: Enphase Model Name & Number: m215 Quantity: 20  
Nameplate Rating: 215 (kW)          (kVA)          (AC Volts) Phase: Single ☒ Three ☐  
*Nameplate Rating: The AC Nameplate rating of the individual inverter.*  
System Design Capacity: 45 4.5 (kW)          (kVA) Battery Backup: Yes ☐ No ☒  
*System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.*  
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐  
Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other           
Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other         

**Inverter-based Generating Facilities:**

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)  
Yes ☒ No ☐  
The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

**External Manual Disconnect Switch:**

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'  
Yes ☒ No ☐

Location of External Manual Disconnect Switch: Next to the meter

Project Estimated Install Date: July

Project Estimated In-Service Date: July

**Interconnecting Customer Signature:**

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the **Terms and Conditions for Simplified Process Interconnections** attached hereto:

Customer Signature: [Signature] Title: Homeowner Date: 6/22/15

*Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the Eversource meter socket. Applications without such a diagram may be returned.*

**For Eversource Use Only**

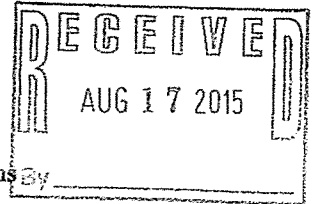
**Approval to Install Facility:**

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes ☐ No ☒ To be Determined ☐

Company Signature: [Signature] Title: Associate Engineer Date: 6/23/15

Eversource  
Interconnection Standards For Inverters Sized Up To 100 kVA  
Exhibit B - Certificate of Completion for Simplified Process Interconnections



**Installation Information:** ☐ Check if owner-installed  
Customer or Company Name (print): David Campbell  
Contact Person, if Company: \_\_\_\_\_  
Mailing Address: 49 Seasons Ln  
City: Londonderry State: New Hampshire Zip Code: 03053  
Telephone (Daytime): (978) 852-4566 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: david.campbell@enel.com

**Facility Information:** Meter # 571120017  
Address of Facility (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Electrical Contractor Contact Information:**  
Electrical Contractor's Name (if appropriate): Granite State Solar  
Mailing Address: 197 North Main St  
City: Boscawen State: New Hampshire Zip Code: 03303  
Telephone (Daytime): (603) 369-4318 (Evening): \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_ E-Mail Address: justin@granitestatesolar.com  
License number: 0366 C  
Date of approval to install Facility granted by the Company: \_\_\_\_\_  
Eversource Application ID number: #N 3604

**Inspection:**  
The system has been installed and inspected in compliance with the local Building/Electrical Code of:  
City: TOWN OF LONDONDERRY County: ROCKINGHAM  
Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):  
Signature: [Signature]  
Name (printed): RICHARD G. CANUEL Date: 8/13/2015

**Customer Certification:**  
I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.  
Customer Signature: [Signature]

As a condition of interconnection you are required to send/fax a copy of this form to:

Eversource  
Distributed Generation  
780 North Commercial Street  
P. O. Box 330, Manchester, NH 03105-0330  
Fax No.: (603) 634-2924